

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County <i>Nowa</i>	Fraction <i>C/NW</i> 1/4 1/4 1/4	Section number <i>28</i>	Township number <i>T 27 S</i>	Range number <i>R 19 E/W</i>
2. Distance and direction from nearest town or city: <i>1 W - 3 3/4 N - 1/2 E</i>			3. Owner of well: <i>Jesse Caplinger</i>			
Street address of well location if in city: <i>Branham</i>			R.R. or street: City, state, zip code: <i>Greensburg, Ks.</i>			
4. Locate with "X" in section below:			Sketch map:			
5. Type and color of material			From	To	6. Bore hole dia. <i>2 1/2</i> in. Completion date <i>5-24-76</i> Well depth <i>131</i> ft.	
<i>Sandy Top Soil</i>			<i>0</i>	<i>4</i>	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<i>Redish Clay with Fine Sand</i>			<i>4</i>	<i>24</i>	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
<i>Clean Sand & Gravel</i>			<i>24</i>	<i>51</i>	9. Casing: Material <i>Steel</i> Height: <input checked="" type="checkbox"/> Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <i>1 1/2</i> in. to <i>1 3/4</i> ft. depth Wall Thickness: _____ inches or Dia. _____ in. to _____ ft. depth Gage No. <i>7</i>	
<i>Sand & Gravel with Clay streaks</i>			<i>51</i>	<i>98</i>	10. Screen: Manufacturer's name <i>DOERS</i> Type <i>steel</i> Dia. <i>1 1/2</i> <i>51/2</i> gages <i>316</i> Length <i>60</i> Set between <i>71</i> ft. and <i>131</i> ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>1/2 3/4 3/8</i>	
<i>Brown Clay with White Rock</i>			<i>98</i>	<i>112</i>	11. Static water level: _____ mo./day/yr. <i>29</i> ft. below land surface Date <i>2-23-76</i>	
<i>Sand & Gravel with Clay</i>			<i>112</i>	<i>132</i>	12. Pumping level below land surfaces: <i>32</i> ft. after <i>14</i> hrs. pumping <i>1400</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>1400</i> g.p.m.	
<i>Brown Clay</i>			<i>132</i>	<i>135</i>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>3-5-76</i>	
<i>Yellow Clay Hard</i>			<i>135</i>	<i>137</i>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> Yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.	
					16. Nearest source of possible contamination: ft. <i>127</i> Direction <i>W</i> Type <i>CORREL</i> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: _____ Not installed Manufacturer's name <i>WLR</i> Model number <i>3MS 12</i> HP <i>100</i> Volts _____ Length of drop pipe <i>100</i> ft. capacity <i>1200</i> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
					20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Rosencrantz - Berris 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks.</i> Signed <i>Julia Radson</i> Date <i>9/29/76</i> Authorized representative	
18. Elevation:			19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

27
 170
 28
 C
 NW
 1/4
 1/4
 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5